

COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH) and indicate your county.



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



COVID-19 Q&A Call Expectations

- Be present
- Assume positive intent
- Focus on solutions
- Speak and chat respectfully
- Give constructive feedback
- Express disagreements professionally and tactfully



Panelists



Future of LTC Q&A Call

Our plan is:

- Today is the last weekly Q&A call meeting
- In November and December, there will be one Q&A call on November 10th and one on December 8th
- After December, the meeting series will end
- The DOH team will continue to reevaluate the need for future calls as needs change in 2023

DOH Continuing Support

DOH will continue to be a proactive and supportive resource for LTCFs across the state in the following ways:

- Infection Preventionists are available for support, information and guidance including directly by email and via the COVID mailbox (hai-covid@doh.wa.gov)
- DOH will continue to offer guidance updates on changes on any IP topic relevant to LTCFs. Webinars will be scheduled if there are big guidance changes, to review and answer questions.
- Links will be provided to resources and educational opportunities that are currently available or in development.
- The DOH IP team is available to present at LTC partner regularly scheduled meetings on IP topics

Nov & Dec LTC Q&A Calls

Microlearnings:

Nov 10 – Influenza Preparedness Response 2022-2023 Season

Dec 8 – Topic TBD; celebrate success of LTC Q&A calls; share ongoing resources

Registration link for December 8 call:

https://us02web.zoom.us/webinar/register/WN_IQAgQ4QRTsuoNNTh0Xef9w



DOH HAI TEAM SUPPORTS



WASHINGTON STATE DEPARTMENT OF HEALTH

ICAR PROGRAM DETAILS

Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.

What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact Us:

HAI-FieldTeam@doh.wa.gov (General)



In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



WASHINGTON STATE DEPARTMENT OF HEALTH

HAI-AR SECTION EMAIL ADDRESSES

Please refer to the table below to find the email most appropriate for your needs

Email Path	Description
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID19-specific healthcare associated infection questions
HAIepiOutbreakTeam@doh.wa.gov	Epidemiological outbreak assistance and healthcare associated infection questions
HAI-FieldTeam@doh.wa.gov	Schedule an ICAR for your facility
HAI-FITTesting@doh.wa.gov	Respiratory Protection related questions www.doh.wa.gov/ltrcpp

Respiratory Protection Program LTC Facility Support

Learn to conduct your own N95 fit test for your staff!

Next webinar: **November 17th at 1 pm**

Visit our website: [Fit Testing Training | Washington State Department of Health \(www.doh.wa.gov/ltrcpp\)](https://www.doh.wa.gov/ltrcpp)

- Step 1 – Pre-training education
- Step 2 – Sign up for a Virtual Fit Test Training webinar
- Step 3 – Hands-on training with our Fit Test Vendor

NOTE: Each participant will need to register individually



Email questions to: HAI-FitTest@doh.wa.gov

ipCHAT – Infection Prevention & Control Health Access Team

- Forum for Skilled Nursing IPs to learn from experienced infection preventionists
- Covers infection prevention and antibiotic stewardship
- Leave with new knowledge, confidence, & connections to a community of infection preventionists
- Meetings take place every 1st and 3rd Tuesday of the month at 11:00 am – 12:00 pm
- Click link to register:
https://us02web.zoom.us/j/64811200000?pwd=ZUJlc-6vrjojG9b_uUePPawGiDn4SArabq7



Project Firstline Podcast

Episodes



1. Introduction and HAIs
2. PPE
3. Hand Hygiene
4. MDROs
5. ALFs and SNFs
6. Hospital Settings
7. *Candida auris*
8. Respiratory Protection
9. Vaccine Preventable Diseases
10. Dental Settings
11. *New* Dialysis Settings

Purpose



- Discuss and identify the importance and impact of infection prevention on our lives and the lives of our community
- <https://soundcloud.com/user-718826213/sets/pfl>



Project Firstline Washington: Infection Control Training

- Based on CDC Project Firstline curriculum – basic IP skills and knowledge
- Goal: concise, interactive, readily available
 - Online – computer and mobile device friendly
 - 20min per module; can start and stop when needed
 - Videos, interactive scenarios, knowledge check, and job aids
 - English and Spanish
- Six Modules in Training Series
 - Infection Control
 - Germs: Respiratory
 - PPE
 - Germs: Surfaces
 - Hand Hygiene
 - Cleaning & Disinfection
- FREE Continuing Ed. Credits (2 contact hours) provided if complete all 6 modules
- Become a “Frontline Infection Prevention Champion” when 90% of your facility’s frontline staff complete all 6 modules
 - Email ProjectFirstline@doh.wa.gov for more information
- Subscribe to the [Project Firstline GovDelivery](#) for updates and an upcoming quarterly IP newsletter



Enhanced Barrier Precautions Information for Nursing Homes

- Oct 25, 2022 DOH & RCS EBP presentation slides: [Special Projects | Washington State Department of Health](#)
 - Will attach DOH/RCS EBP slides and FAQ to today's email
- Nov 15, 2022 10am PST - CDC LTC Team to present webinar on Implementation and Use of EBP in Nursing Homes
 - Registration link: [Webinar Registration - Zoom \(zoomgov.com\)](#)
 - CEUs available

COVID-19 POC Test Results PDF Reporting Form

- Facilities that use COVID-19 POC PDF Form to report test results:
 - Form has been updated – use new version as of 10/31/22
 - The form is now available in Spanish
 - there is a section to note patient's preferred language
 - additional test name options have been added
- Obtain updated forms on web page: [Reporting COVID-19 Test Results for Point-of-Care Testing Facilities | Washington State Department of Health](#)
- Contact for questions: doh-surv@doh.wa.gov

Additional Contacts for Questions

DOH HAI Team – HAI-COVID@doh.wa.gov

DOH Fit Testing - HAI-FitTest@doh.wa.gov

DSHS/RCS regulatory – RCSpolicy@dshs.wa.gov

DOH Immunizations – COVID.Vaccine@doh.wa.gov

Medical Test Site Waiver License (MTSW)- LQA@doh.wa.gov

COVID-19 Point of Care Test Reporting – doh-surv@doh.wa.gov

COVID-19 Testing - covidtestingsupport@doh.wa.gov



ANNOUNCEMENTS FROM OUR PARTNERS

Comagine Health Events for November

Vaccination Station

Please tune in to the Comagine Health **Vaccination Station** every *second Tuesday of the month* at 10 a.m. PT/11 a.m. MT. These interactive sessions are designed to address questions about barriers or issues regarding adult vaccinations and offer opportunities for problem-solving and discussion.

During our meeting, we will share community risk data, updates to immunization regulations or current guidance, as well as educational resources.

Second Tuesday | 10 a.m. PT

[Register here](#)

NHSN Open Office Hours

Join Comagine Health every *fourth Wednesday of the month* at 11 a.m. PT/noon MT for **NHSN Open Office Hours**, a half-hour open conversation and technical assistance on NHSN reporting. Our subject matter expert, Lisa Barton, will provide reporting updates, answer questions and troubleshoot any reporting issues your building is experiencing.

Fourth Wednesday | 11 a.m. PT

[Register Here](#)

Congratulations!
Celebrate
278 Summer LTCF
Awardees

5 LTC settings!

Semi-Annual Fall Award Cycle
continues through 2/28/2023.
Report by 3/3/2023.



[Long-Term Care COVID-19 Immunization Champion Award | Washington State Department of Health](#)

COVID-19 Vaccine Resources

Bivalent Booster Recommended for Ages 5-11 and Novavax Booster Option for Ages 18+, Vaccine Webpages Updated

General Webpages (English and Spanish)

- [COVID-19 Vaccine](#)
- [Vaccinating Youth](#)
- [Vaccine Booster Doses](#)
- [COVID-19 Vaccine Frequently Asked Questions](#)

Provider-Focused Webpages (English)

- [About the COVID-19 Vaccines](#)
- [Vaccinating Youth - Providers](#)
- [Clinical Information for COVID-19 Vaccine Providers](#)



COVID-19 Vaccine Resources

Provider/partner discussion guide: building vaccine confidence in COVID-19 boosters (PDF)

UPDATED!

- Updated to focus on bivalent boosters
- Please help circulate this updated resource to providers/partners who discuss or administer vaccine

Open the Discussion

Address common concerns

Address common concerns

Address common concerns

Address common concerns

Additional information

For other frequently asked questions, visit: dsh.wa.gov/covid19booster

Motivational Interviewing

<https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

Step 3: Motivational interviewing

Ask the patient a scaled question. For example, *“On a scale of 1 to 10, how likely are you to get a COVID-19 vaccine?”* (1 = never; 10 = already have an appointment to get vaccinated). Then explore both sides of whatever number is given.

- **Example:** Let’s assume someone says 4. This is where curiosity comes in. You can say, *“Okay, why 4? And why not a lower number?”* Let them answer, and ask a follow-up question like, *“What would help you move to a 5 or 6?”*

The goal is to help the patient become more open to moving toward higher numbers—in other words, getting vaccinated.

- You want them to **talk about this out loud** because talking actually changes how they process their choices and can develop forward momentum.
- People hesitant about vaccines usually have more practice explaining why they haven’t gotten vaccinated, so it’s good to reverse that. Ask them to express their vaccination benefits out loud.
- Be compassionate and curious about the patient’s mixed feelings, both the part of them that wants to trust that getting a vaccine is important and safe and the other part that feels hesitant. It is important to show support for the patient to incorporate their personal values and the health needs of their family and community as they make their decision.

Summary LTC COVID-19 & Flu Tool Kit

access this pdf document in email with slide deck

Quick & easy staff resources

Help advance booster demand

Protect residents & staff

Help minimize staff absences

Vaccine conversation guide, 1st item



COVID-19 bivalent booster

DOH Provider Partner Discussion Guide (tool w/bivalent) [Provider/Partner Discussion Guide: Building Vaccine Confidence in the COVID-19 Boosters \(wa.gov\)](#)

Ready to print poster: How mRNA CV-19 vaccines work [How mRNA COVID-19 Vaccines Work \(cdc.gov\)](#)

Other languages: [Print Resources | CDC](#)

Ready to print poster: Common Side Effects [What to Expect After Getting a COVID-19 Vaccine \(cdc.gov\)](#)

Other languages: [Print Resources | CDC](#)

CDC Video, 1.5 minutes: What you need to know about variants/no sound required (all visual) <https://youtu.be/b1BMvC8rYs8>

CDC Video, 1 minute: Advantages of getting vaccinated: <https://youtu.be/gQdHdJ118vk>

CDC Video, 3:30 minutes/seconds: Vaccine equity, with bi-racial trusted messenger, facts & myths! May be helpful to increase vaccine demand in communities where vaccine concerns remain: <https://youtu.be/d7mkZbCT8o8>

FDA Video, 1:14 minutes: WHY you should get the bivalent. <https://youtu.be/70x21eMnS47list-Play4De-UxczIA84CuxA78MdXnomNp55Q>

FDA Video, 1:20 minutes: WHAT is a bivalent, discusses how flu vaccine is a bivalent, vaccine safety & efficacy: https://youtu.be/jmFOG8_Ox8?list=PLe4De-UxczIA84CuxA78MdXnomNp55Q

Flu

CDC Full Tool Kit: [CDC Digital Media Toolkit: 2022-2023 Flu Season | CDC](#)

CDC Video, 1 minute: [How Does Flu Make You Sick? - YouTube](#) Flu, a contagious disease, get vaccinated. For staff & residents.

CDC Posters

<https://www.cdc.gov/flu/pdf/professionals/vaccination/Make-a-Strong-Flu-Vaccine-Rec-65.pdf>

<https://www.cdc.gov/flu/pdf/freeresources/seniors/seniors-vaccination-factsheet-final.pdf>

<https://www.cdc.gov/flu/pdf/freeresources/seniors/seniors-vaccination-factsheet-spanish.pdf>

<https://www.cdc.gov/flu/pdf/freeresources/reneral/poster-take-3-fulltext.pdf>

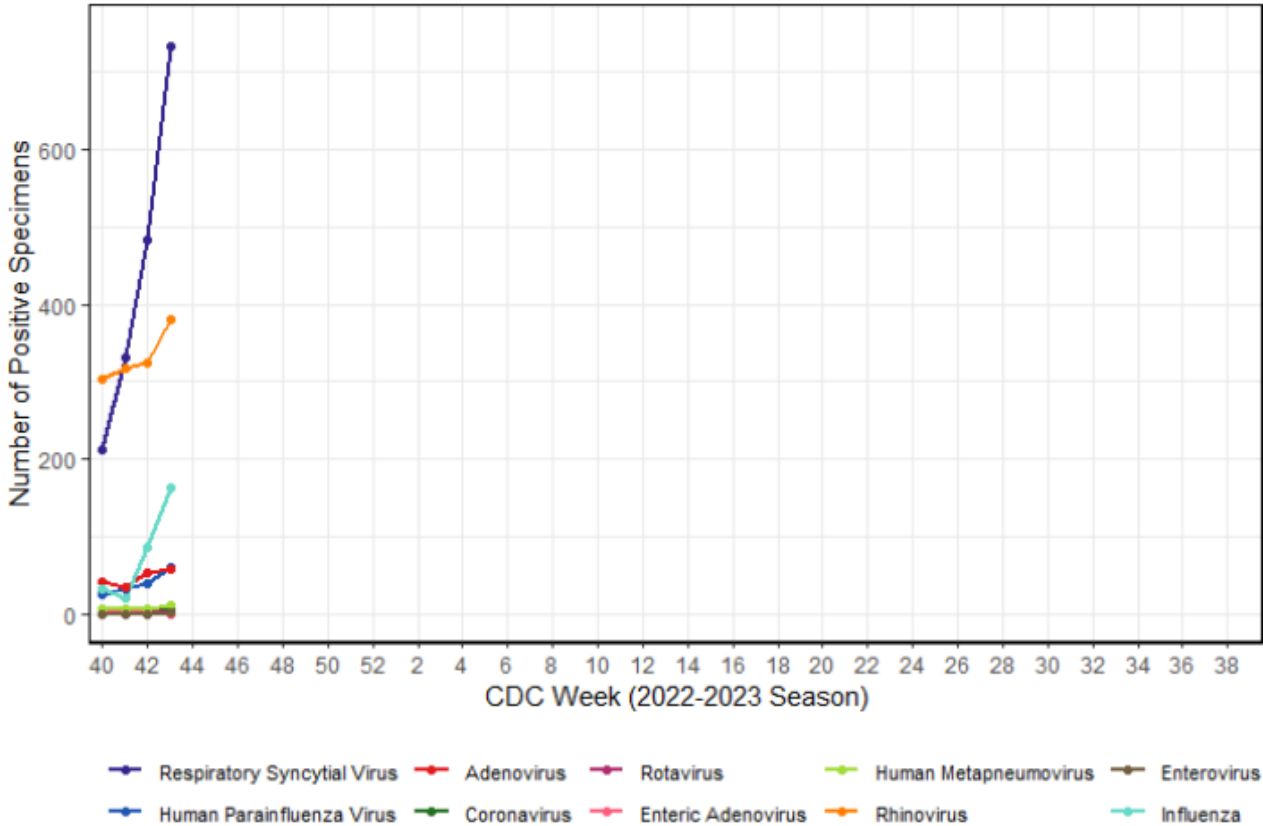
November 2022

https://www.cdc.gov/flu/pdf/freeresources/spanish/antiviral_factsheet_esp_508.pdf

https://www.cdc.gov/flu/pdf/freeresources/general/brochure-take-3_color.pdf

Why Vaccinate Against COVID

Respiratory and Enteric Viruses in Washington



Source: Washington State Influenza Update. Available: [Washington State Influenza Update](#); accessed 11-09-2022

Rise in Washington Respiratory and Enteric Virus Cases

Week 43: 23-29 October 2022

Table 3: Respiratory and Enteric Viruses, 2022-2023 Season to Date

Week	Reporters	Respiratory Syncytial Virus	Human Parainfluenza Virus	Adenovirus	Coronavirus	Rotavirus	Enteric Adenovirus	Human Metapneumovirus	Rhinovirus	Enterovirus	Influenza
40	9	212	26	41	2	0	5	6	304	0	31
41	9	332	31	35	7	0	2	6	318	0	20
42	12	482	40	52	6	1	2	7	325	0	85
43	11	733	61	57	4	1	0	10	380	1	162

Source: Washington State Influenza Update. Available: [Washington State Influenza Update](#); accessed 11-09-2022

Laboratory Confirmed Influenza-Associated Deaths

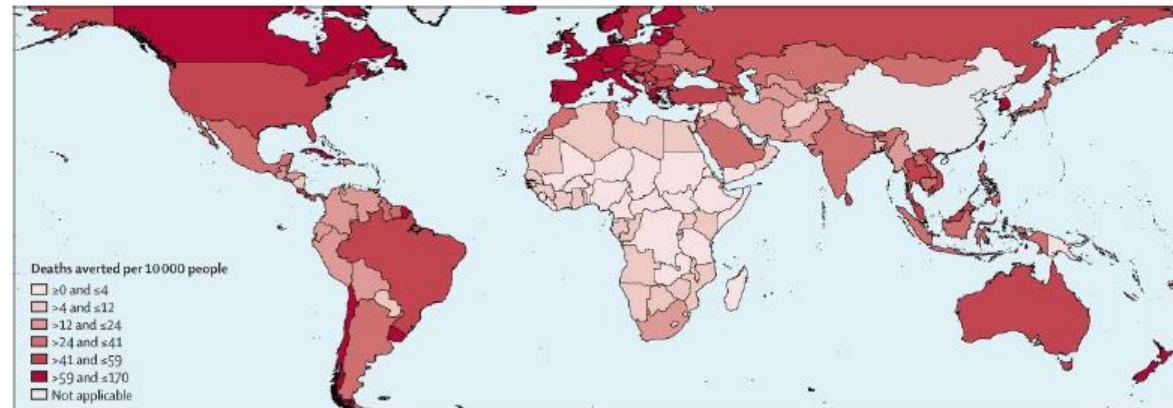


Season	Count of Deaths as of Week 43 of Season	Count of Deaths Reported for the Entire Season (week 40 to week 39)
2022-2023, to date	3	3
2021-2022	0	26
2020-2021	0	0
2019-2020	1	114
2018-2019	2	245
2017-2018	1	296
2016-2017	3	278
2015-2016	1	67
2014-2015	0	156

Source: Washington State Influenza Update. Available: [Washington State Influenza Update](#); accessed 11-09-2022

Global impact of the first year of COVID-19 vaccinations: Mathematical model of transmission and infection based on official reported COVID-19 deaths, 185 countries, December 2020—December 2021

- COVID-19 vaccinations are estimated to have prevented **13.7-15.9** million deaths
- This represents an estimated **63% reduction in** total COVID deaths globally



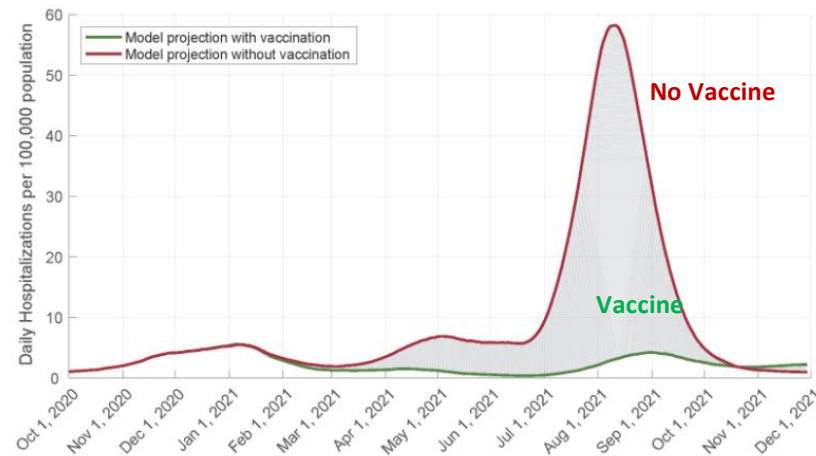
Watson, Barnsley, Toor et al. Lancet Infectious Diseases. 22:9(P1293-1302). [https://doi.org/10.1016/S1473-3099\(22\)00320-6](https://doi.org/10.1016/S1473-3099(22)00320-6)

Impact of U.S. Vaccination Program

The Commonwealth Fund Report: Improving Health Care Quality:

- Estimated U.S. vaccination program prevented more than 10.3 million additional COVID-19 cases
- A 4.9 times higher than occurred during 2021

Projected U.S. Seven-Day Rolling Average of Daily Hospitalizations per 100,000 Population With and Without Vaccination



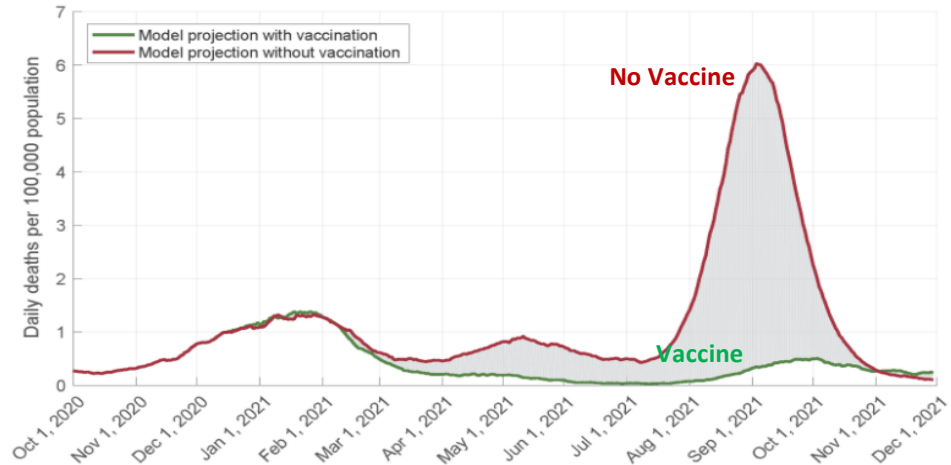
Source: Eric C. Schneider et al., *The U.S. COVID-19 Vaccination Program at One Year: How Many Deaths and Hospitalizations Were Averted?* (Commonwealth Fund, December 2021). <https://doi.org/10.26099/3542-5n54>

Impact of U.S. Vaccination Program

The Commonwealth Fund
Report: Improving Health Care
Quality:

- Estimated U.S. vaccination program prevented 1.1 million additional COVID-19 deaths by November 2021
- Without vaccinations, daily deaths could have:
 - Jumped as high as 21,00 per day
 - Nearly 5.2 times the level of record peak in January 2021
 - Overall been 3.2 times higher

Projected U.S. Seven-Day Rolling Average of Daily Deaths per 100,000 Population, With and Without Vaccination



Source: Eric C. Schneider et al., *The U.S. COVID-19 Vaccination Program at One Year: How Many Deaths and Hospitalizations Were Averted?* (Commonwealth Fund, December 2021). <https://doi.org/10.26099/3542-5n54>

Ongoing Impact of Vaccinations

The Commonwealth Fund Estimates of COVID-19 Attributable Deaths, Hospitalizations, Infections, and Health Care Costs Averted by the U.S. Vaccination Program December 12, 2020, and March 31, 2022

Deaths	2,265,222	2,051,041 to 2,467,683
Hospitalizations	17,003,960	15,680,556 to 18,250,413
Infections	66,159,093	58,774,953 to 73,787,291
Health care costs	\$899.4 billion	\$825.3 billion to \$978.5 billion

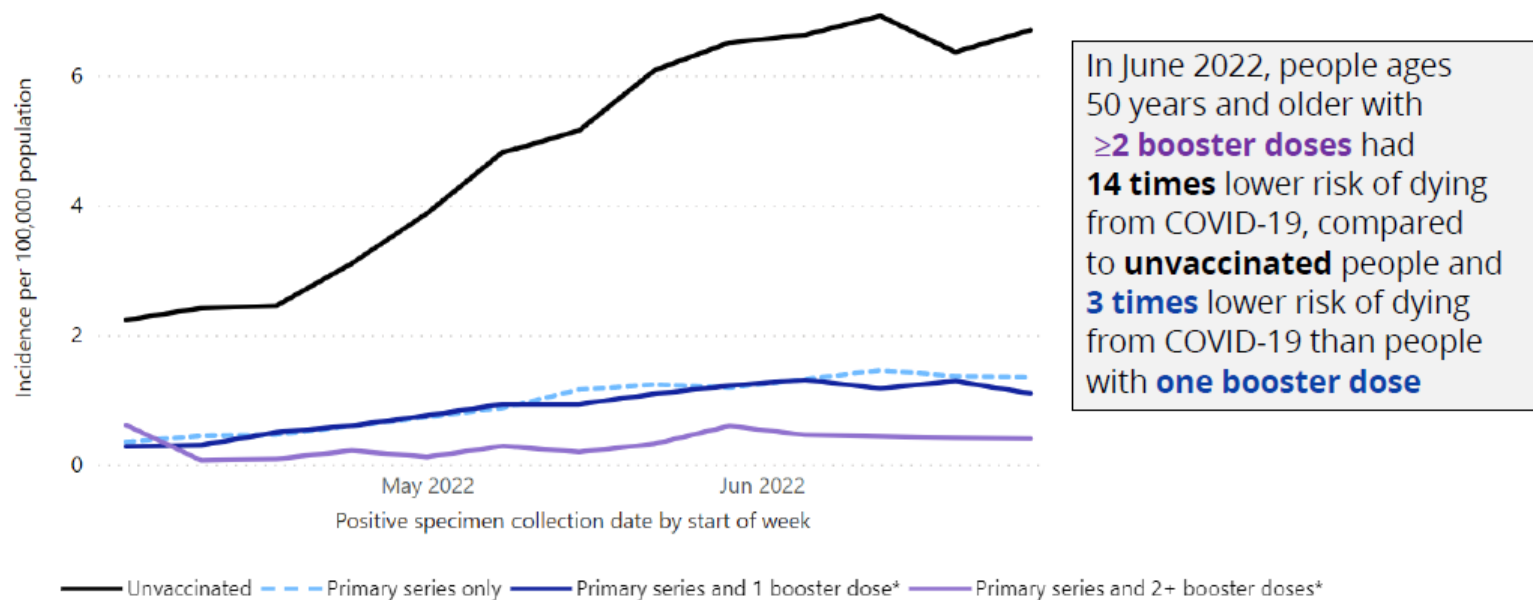
* Credible intervals reflect the range of normal uncertainty associated with estimates.

Data: Authors' analysis

Source: Eric C. Schneider et al., "Impact of U.S. COVID-19 Vaccination Efforts: An Update on Averted Deaths, Hospitalizations, and Health Care Costs Through March 2022," *To the Point* (blog), Commonwealth Fund, Apr. 8, 2022. <https://doi.org/10.26099/d3dm-fa91>

Source: [Impact COVID Vaccination Efforts: Update Through March 2022 | Commonwealth Fund](#)

Death Rates by Vaccination Status and Receipt of 1st and 2nd Booster Doses Among People Ages ≥50 Years April 3–July 2, 2022 (25 U.S. Jurisdictions)

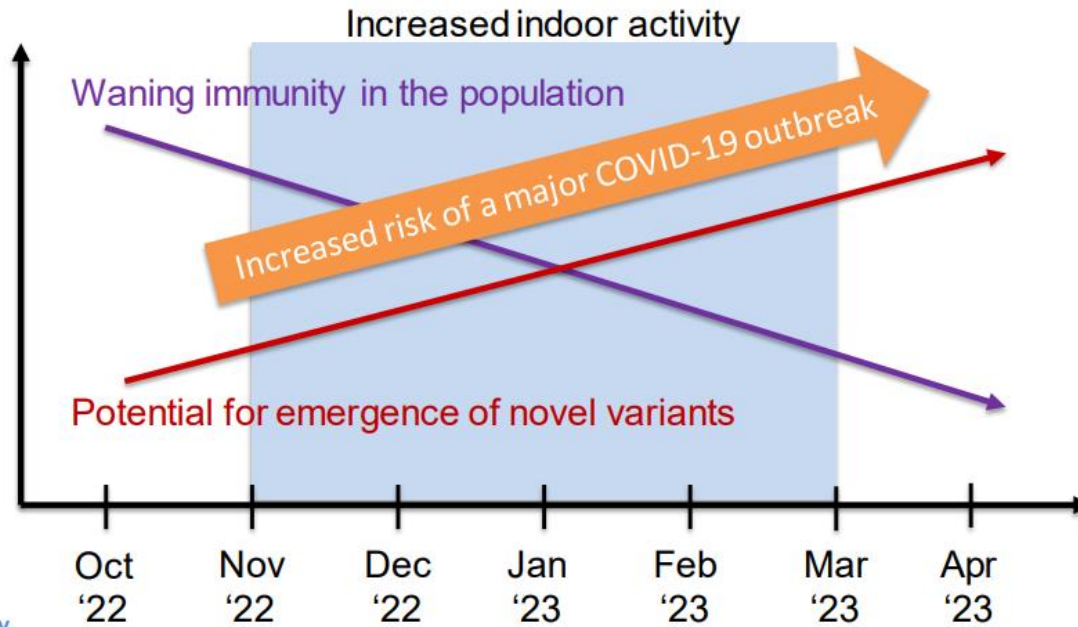


*Includes either a booster or additional dose.

<https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccinbooine-status>. Accessed August 24, 2022

Why Should People Get a Bivalent Booster

Potential Evolution of COVID-19



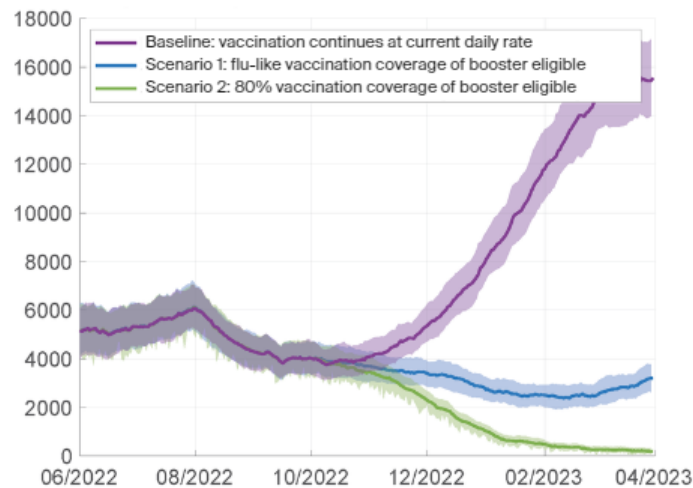
www.fda.gov

8

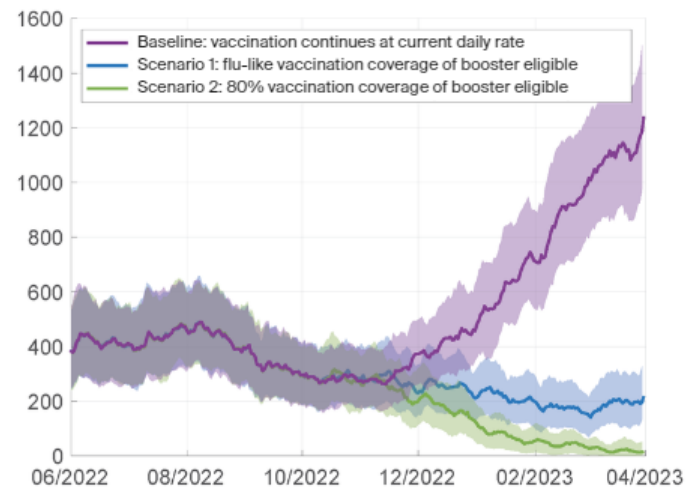
Source: Vaccines and Related Biological Products Advisory Committee June 28, 2022 Meeting Presentation- Considerations for Whether and How the COVID-19 Vaccine Strain Composition Should be Modified (fda.gov)

Projected Seven-Day Rolling Average of COVID-19 Hospitalizations and Deaths in the U.S., Under Different Booster Vaccination Coverage Scenarios

Projected hospitalizations



Projected deaths



Note: In the baseline scenario, vaccination rates are held constant at the average of the daily vaccination rate for August 2022 until the end of March 2023.
Data: Authors' analysis.

Source: Meagan C. Fitzpatrick et al., "A Fall COVID-19 Booster Campaign Could Save Thousands of Lives, Billions of Dollars," *To the Point* (blog), Commonwealth Fund, Oct. 5, 2022.
<https://doi.org/10.26099/ny8p-mf92>

Source: The Commonwealth Fund available: [Fall COVID Booster Campaign Save Thousands Lives, Billions Dollars | Commonwealth Fund](#). Accessed 11-04-2022

Reduced Effectiveness of Current Vaccines Against Omicron Variants



- Currently available vaccines continue to be effective against severe disease outcomes caused by Omicron
 - Primary series VE against Omicron reduced; booster dose VE similar to that of previous variants
- Vaccine effectiveness against symptomatic COVID-19 due to Omicron is reduced

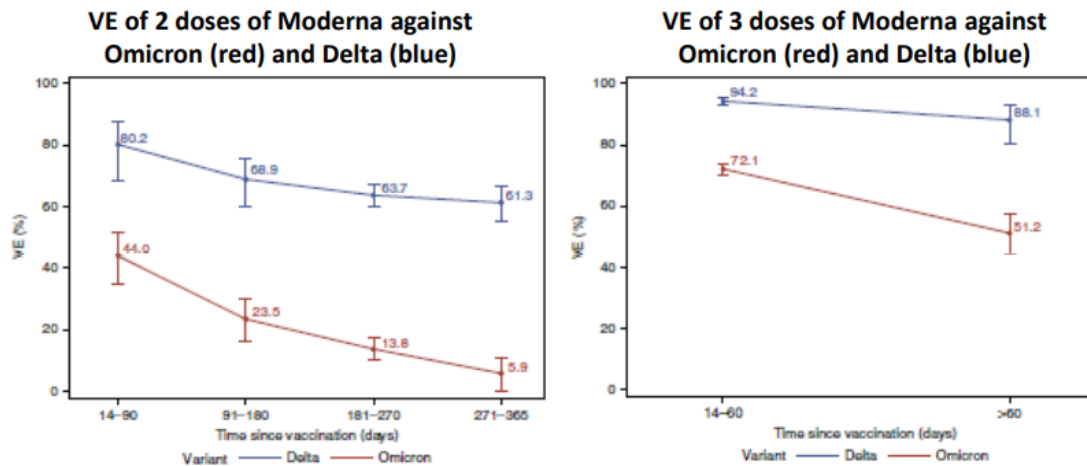


Figure 2 & 3 – from Tseng HF et al 2022 Nature Medicine 28:1063-1071

[Source: Vaccines and Related Biological Products Advisory Committee June 28, 2022 Meeting Presentation- Considerations for Whether and How the COVID-19 Vaccine Strain Composition Should be Modified \(fda.gov\)](#)



INFLUENZA PREPAREDNESS
AND RESPONSE
2022-2023 SEASON
LTC Q&A CALL

Outline

- Introduction to influenza epidemiology
- Reporting influenza-like illness outbreaks to your LHJ and DSHS
- What to expect after you report an influenza-like illness outbreak
- LTCF influenza outbreak walkthrough
- Questions

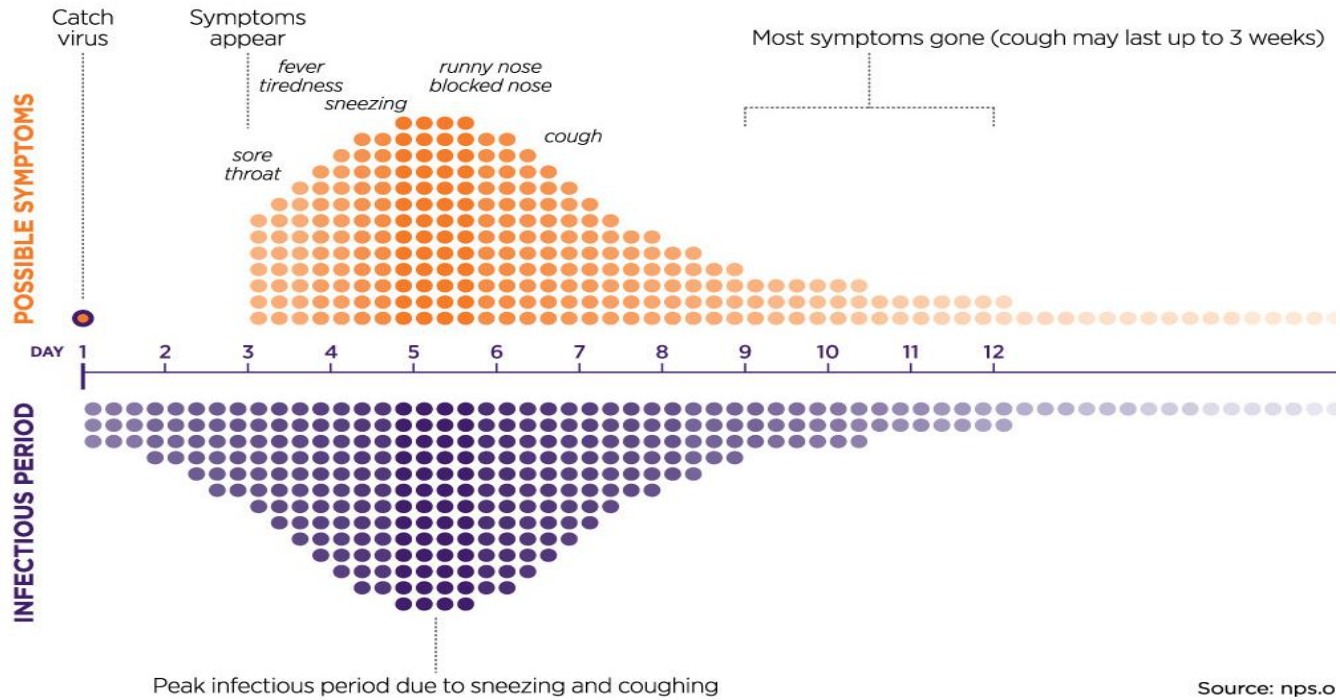


INFLUENZA EPIDEMIOLOGY IN WASHINGTON STATE



Anna Unutzer, MPH
Influenza Epidemiologist
Office of Communicable Disease Epidemiology

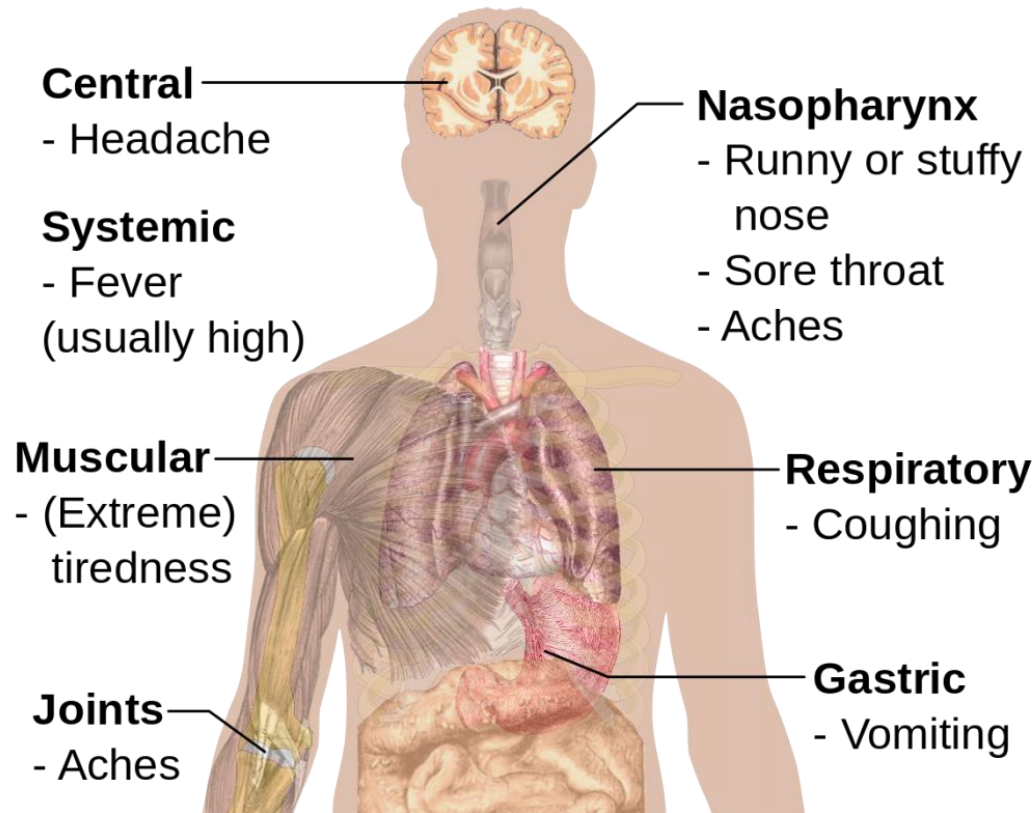
Influenza Background and Transmission



Source:
nps.org.au

Source: nps.o

Common Symptoms of Influenza



Source: Häggström, Mikael. "Medical gallery of Mikael Häggström 2014". WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.008. ISSN 20018762. Public Domain.

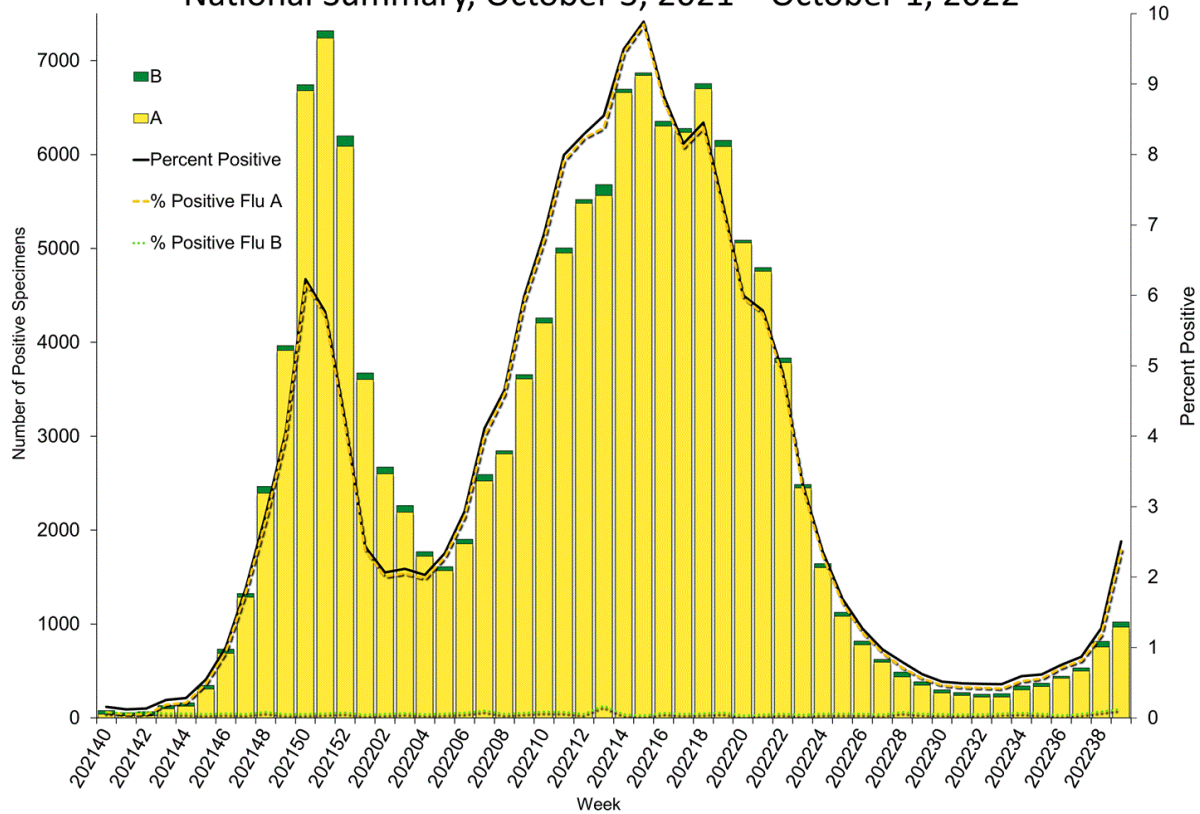
NATIONAL INFLUENZA SURVEILLANCE

2021-2022 SEASON

All data presented through
Week 39 ending 10/1/2022

Influenza Positive Tests, National Clinical Laboratories

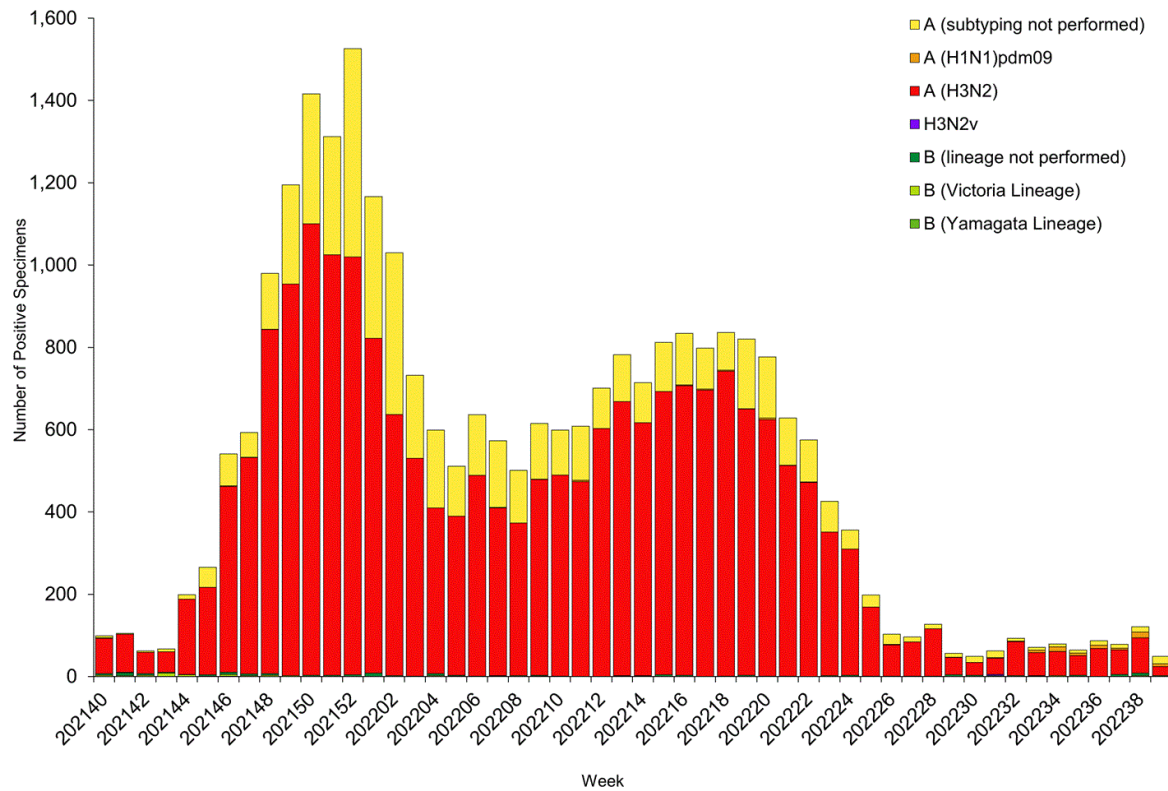
Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories,
National Summary, October 3, 2021 – October 1, 2022



CDC Weekly Flu Report:
www.cdc.gov/flu/weekly

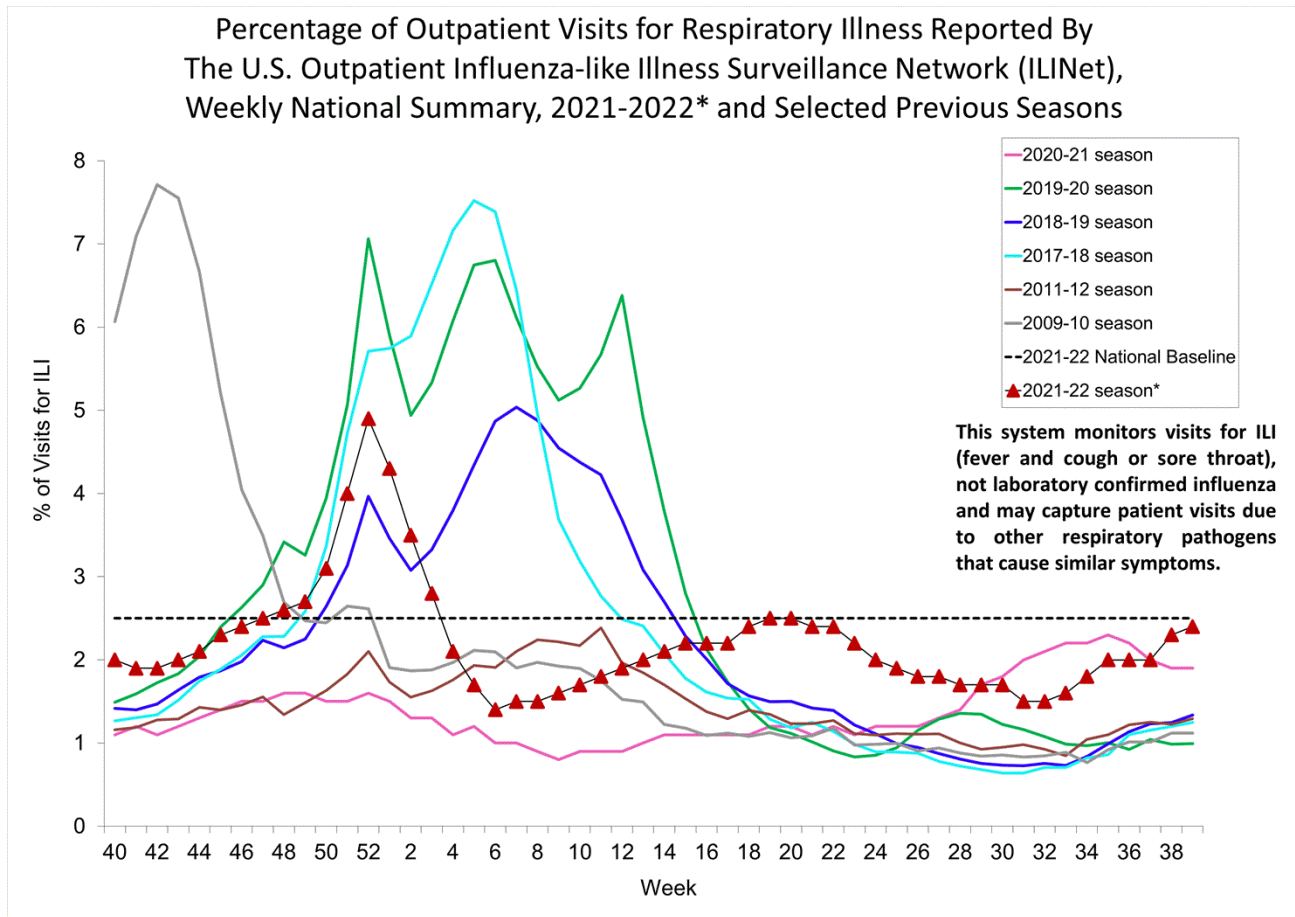
Influenza Positive Tests, National Public Health Laboratories

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories,
National Summary, October 3, 2021 – October 1, 2022



CDC Weekly Flu Report:
www.cdc.gov/flu/weekly

National Percentage of Visits for Influenza-Like Illness



2022-2023 Influenza Season

- Timing and Severity of Flu Season: Unknown
 - Influenza activity levels cannot be predicted from year to year.
- Best Preparation:
 - Vaccination
 - 3 preferentially recommended high-dose flu vaccines for those 65+
- CDC: [Frequently Asked Influenza \(Flu\) Questions: 2022-2023 Season](#)
- Flu activity:
 - [CDC Reports Early Increases in Seasonal Flu Activity](#)
 - [Early Wave of Flu Brings Early Flu Hospitalizations](#)
 - [HAN: Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter](#)

Flu Resources

- Washington State Flu Report:
 - https://doh.wa.gov/sites/default/files/filefield_paths/420-100-FluUpdate.pdf
- CDC Weekly Flu Report:
 - www.cdc.gov/flu/weekly
- Global Influenza Surveillance:
 - <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>
- DOH Resources for Public Health and Healthcare Providers:
 - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>
- Communications Toolkit:
 - toolkits.knockoutflu.org



DSHS' ROLE AROUND INFLUENZA, INVESTIGATION/ADMISSIONS/TRANSFERS



Department of Social and Health Services (DSHS)
Aging and Long-Term Support Administration (ALSA)
Residential Care Services (RCS)

DSHS – Residential Care Service (RCS)

RCS Role: Responsible for the licensing and oversight of Long-Term Care Settings

Method:

- Annual Inspections or survey (every 9 to 18 months)
- Investigation in Response to Reports to the Complaint Resolution Unit (CRU)

Results:

- Written Statement of Deficiency for failure to meet regulatory requirement
- Consultation (technical assistance) for non-safety related issues



RCS Role in Response to Flu Outbreak

Determine that the provider met regulatory requirements related to

- Infection Prevention and Control, and
- Reporting

DUTY TO REPORT



Report to Local Health Jurisdictions (LHJ)

- Long term care facilities are required to immediately report all suspected and confirmed Flu cases to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) [246-101-305](http://www.wa.gov/codes/wac/default.aspx?cite=246-101-305).
- Information on Local Health Jurisdictions:

<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

The screenshot shows the Washington State Department of Health website. The header includes the logo and navigation links: Home, Newsroom, Publications, About Us. Below the header is a search bar and a menu with categories: You and Your Family, Community and Environment, Licenses, Permits and Certificates, Data and Statistical Reports, Emergencies, and For Public Health and Healthcare Providers. The main content area is titled 'Washington State Local Health Departments and Districts' and includes a map of Washington state with various counties and districts highlighted in blue. A sidebar on the left contains a table of contents with links to: About Us, Vision, Mission and Values, Strategic Plan, Organizational Chart, Partners, Contact Us, Business Hours and Locations, Employment, Programs and Services, Leadership, and Frequently Asked Questions.

Flu Outbreak Definition*

- Any resident who tests positive for influenza
- A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other)



***Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities**



What is a Febrile Respiratory Illness?

Acute febrile respiratory illness is defined as

- Fever
 - Single oral temperature $>37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$) OR
 - Repeated oral temperatures $>37.2^{\circ}\text{C}$ (99°F) or rectal temperatures $>37.5^{\circ}\text{C}$ (99.5°F) OR
 - Single temperature $>1.1^{\circ}\text{C}$ (2°F) over baseline from any site (oral, tympanic, axillary)
- One or more respiratory symptoms
 - Runny nose
 - Sore throat
 - Laryngitis (raspy or hoarse voice)
 - Cough

NOTE: elderly persons with influenza may not develop a fever

Facilities Report to Department of Social and Health Services (DSHS)

- **Call DSHS 1-800-562-6078 or Report Online**
- **Report Outbreak → Triggers a Complaint Investigation**
- **The DSHS/RCS Investigation Focus:**
 - Is the facility following their infection control policy and procedures?
 - Do infection prevention & control (IPC) practices meet minimum IPC standards to minimize the impact of the outbreak and the number of clients who become ill?



What Happens After I Call?

- **Local Health Jurisdiction** can provide support & information about how to manage and document Flu Outbreak
- **CRU Call Triggers a Complaint Investigation:**
 - Unannounced Visit by RCS staff
 - Investigation Observations:
 - ✓ Handwashing supplies readily accessible?
 - ✓ Staff using appropriate PPE?
 - ✓ Separation of ill residents from others?
 - ✓ Readily accessible & proper disposal of tissues?
 - ✓ Cough Etiquette Implemented by staff & residents?

Infection Control System

Standard Precautions for All Resident/Client Care

- Hand Hygiene (cleaning hands between resident encounters, before preparing food or medications, after providing personal care)
- Use Personal Protective Equipment (PPE) such as gloves, gowns, masks if there is possible exposure to infectious material
- Follow Respiratory hygiene/cough etiquette
- Environment: (Use proper product, avoid contamination)
 - Clean & disinfect care equipment & environment
 - Safely handle laundry
 - Safe practice for injections & needle disposal

Do not work if ill, do not let employees work if ill

DSHS / RCS Flu Investigation Question(s):

- ✓ How did the home identify Flu?
- ✓ What did the provider do once Flu was suspected or diagnosed?
 - Implement Treatment?
 - Isolation? (if possible)
 - PPE Use?
 - Notification of residents, staff & families?
 - Follow CRU and LHJ notification requirements?
 - Prevention Measures? (flu shots, hand hygiene, cough etiquette, policies)

Department of Social and Health Services (DSHS) Role in Admissions, Transfers and Discharge

ADMISSION / READMISSION

- The facility must assess each resident to determine that health care needs can be met.
- A facility can admit/readmit a recently ill resident if able to meet all resident care and service needs and infection prevention and control standards can be followed.

TRANSFER / DISCHARGE

- RCS becomes involved if there is a complaint about transfer practices that violate regulation, or a facility refuses to readmit a resident who was sent to the hospital.
- Facilities may decline to admit/readmit a resident if care needs cannot be met and/or IPC standards followed.

References

DOH Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities

<https://doh.wa.gov/sites/default/files/legacy/Documents/5100//fluoutbrk-LTCF.pdf>

CDC Prevention Strategies for Seasonal Influenza in Healthcare Settings

<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings

<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

Cover Your Cough Poster https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

Fever Definition <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538836/>



INFLUENZA OUTBREAK PREVENTION AND CONTROL IN LONG TERM CARE FACILITIES

Jen Morgan, MSN, RN, CIC

Communicable Disease Epidemiology & Immunization Section
Public Health- Seattle & King County



PREVENT

PREVENT Influenza from entering your facility

PREPARE

PREPARE for an outbreak before it happens

PLAN

Create an Influenza Action PLAN

BEFORE AN OUTBREAK

PREVENT- VACCINATION

- **Vaccinate residents**
 - Offer influenza, COVID vaccine, and COVID boosters to all residents and any new staff
 - Refer eligible residents for pneumococcal vaccine
 - Keep a record of resident vaccinations
- **Vaccinate Staff**
 - Encourage influenza vaccination for all unvaccinated staff
 - Ensure COVID vaccine and boosters for all staff



PREVENT- SCREENING

Screen daily for influenza and COVID symptoms



Screen all residents at least daily
















Screen staff at the start of each shift



Older residents may present differently



Keep an illness log for both residents and staff

SYMPTOMS	COVID-19	FLU	COLD	ALLERGIES
 Cough	Often	Often	Sometimes	Sometimes
 Fever	Often	Often	Rarely	Never
 Shortness of breath	Sometimes	Sometimes	Rarely	Rarely
 Body aches	Sometimes	Often	Rarely	Never
 Headache	Sometimes	Often	Rarely	Sometimes
 Fatigue	Sometimes	Often	Sometimes	Sometimes
 Sore throat	Sometimes	Sometimes	Sometimes	Sometimes
 New loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
 Diarrhea	Sometimes	Rarely	Never	Never
 Chest pain or pressure	Rarely	Rarely	Sometimes	Never
 Runny nose	Rarely	Sometimes	Often	Often
 Sneezing	Rarely	Sometimes	Often	Often
 Watery eyes	Never	Never	Never	Often



Ministry of Health

COVID-19 OR INFLUENZA

PREVENT- INFECTION PREVENTION AND CONTROL PRACTICES

PPE

- EYE PROTECTION FOR ALL RESIDENT ENCOUNTERS
- SURGICAL MASKS FOR ALL RESIDENT ENCOUNTERS

OTHER PRACTICES

- HAND HYGIENE
- ENVIRONMENTAL CLEANING
- RESPIRATORY ETIQUETTE

PREPARE

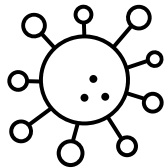
Ensure adequate stock of supplies

- PPE and other infection prevention supplies
- Rapid COVID tests

Staff education

- Donning and doffing PPE and other infection prevention practices
- Signs and symptoms of influenza and COVID
- What to do if someone is symptomatic
- Precautions: Standard transmission and droplet precautions

PREPARE- TESTING



- ✓ Develop an influenza testing plan
 - ✓ People with symptoms should be tested for BOTH flu and COVID
 - ✓ Test as soon as possible after symptom onset
 - ✓ Plan to start all influenza infection control recommendations while waiting for test results



PREPARE- TREATMENT

- ✓ Develop a plan to give treatment and prophylaxis
 - ✓ If possible, obtain pre-approved orders from PCP's
 - ✓ Be ready to treat ill residents. Do not wait for laboratory confirmation of positive test
- ✓ Treatment vs Prophylaxis
 - ✓ Both are oral medications
 - ✓ Treatment is given to ill residents
 - ✓ Prophylaxis is given to non-ill residents

PREPARE- SICK POLICY

- Communicate sick policy to staff

Staff should not come to work if they are sick

Staff who get sick at work must leave immediately

Staff with influenza-like illness should not work until **24 hours** after fever resolution without the use of fever reducing medication (and if COVID has been ruled out)

Ideally, staff should stay home for a **minimum of 5 days.**



Attention Staff: Help Protect Our Residents

Please **do not** report to work if you have a fever, cough, or sore throat.



Ill staff:

- Stay home until you have been fever-free for at least 24 hours without the use of fever-reducing medications



All staff:

- Get a flu shot
- Wash and sanitize your hands frequently
- Always cover your cough with a tissue or your sleeve
- Clean your hands after coughing or sneezing





- **Outbreak checklist**
 - Initial actions**
 - Reporting/communication**
- **Contact list of phone number/s for residents' PCPs**
- **Forms: Illness and Testing Log**
- **Communication Materials:**
 - Outbreak notification letter and notices**
 - Influenza fact sheet**
 - Droplet precautions sign**

INFLUENZA ACTION PLAN

DURING AN OUTBREAK



CDC INFLUENZA OUTBREAK DEFINITION

- 1 CONFIRMED CASE IN A RESIDENT OR 2 OR MORE SUSPECTED CASES OF INFLUENZA AMONG RESIDENTS AND/OR STAFF

DURING AN OUTBREAK- COMMUNICATION

- Review your Influenza Action Plan
- Notify your key staff members and residents
- Report to your licenser
 - WA DSHS 1-800-562-6078
- Report to your LHJ
 - King County facilities report online <https://redcap.iths.org/surveys/?s=C48H3AK> JWR
 - Call 206-296-4774
- Influenza death- immediately notifiable condition

Facility and Staff Information

Facility type
* must provide value

Long term care/senior living facility (e.g. sk) ▼

What is the name(s) of the person(s) responsible for infection prevention measures in the facility?

What illness are you reporting?

+ COVID

+ Influenza

+ Undiagnosed Respiratory Outbreak (2 or more individuals with respiratory illness within 72 hours of each other)

Please describe the health concern(s) you have in your facility.
* must provide value

Expand


Facility Name: _____

Long Term Care Facility Influenza and Influenza-like Illness Line List

Name (Last, First)	Age	Room#/Unit Or Staff	Vaccine Date		Onset Date	Symptoms (Y/N/U)							Pneumonia		Specimen Collection Date	Lab Results	Antiviral		Hospitalized (Y/N)	Died (Y/N)
			Influenza	Pneumococcal		Highest temp	myalgia	headache	Sore throat	cough	chills	coryza	other	Physician diagnosed			X-ray confirmed	Y/N		

**DURING AN
OUTBREAK-
SURVEILLANCE
AND TESTING**

- ✓ Daily symptom screening to include influenza
 - ✓ Staff once daily
 - ✓ Residents twice daily
- ✓ Testing
 - ✓ Symptoms? Test for COVID and Influenza
 - ✓ King County Public Health Lab influenza kits
- ✓ Keep an illness and testing log
- **What if a COVID and Influenza outbreak is identified?**



**DURING AN
OUTBREAK-
TREATMENT
VS.
PROPHYLAXIS**



DURING AN OUTBREAK- TREATMENT VS PROPHYLAXIS



Treatment

All **ill** residents with influenza symptoms or confirmed flu test

Start within **48 hours** of onset

Can have benefits if given after first 48 hrs

Don't wait for laboratory confirmation

Typically for **5 days**

Work with resident's PCP on prescription and dosing

Prophylaxis

All **non-ill** residents

Minimum of **2 weeks**, and at least **7 days** after last known case

Work with residents' PCP on prescription and dosing

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

DURING AN OUTBREAK- CONTROL MEASURES

- ✓ Best Practice: Prophylaxis for unvaccinated staff
 - ✓ Caring for high-risk residents
- ✓ Encourage vaccinations for people not vaccinated
 - ✓ Residents
 - ✓ Staff

DURING AN OUTBREAK- INFECTION CONTROL MEASURES


- ✓ Standard and droplet precautions for all ill residents
 - ✓ 7 days after onset or 24 hours after resolution of fever,
whichever is longer
 - ✓ Confine to room with door closed
- ✓ Post outbreak notices
 - ✓ Consider canceling group activities and dining room meals


DURING AN OUTBREAK- INFECTION CONTROL MEASURES

- Post precautions signs
- Staff PPE
 - Gloves, gown, procedure mask, eye protection
- Training

STOP **DROPLET PRECAUTIONS** **STOP**
(In addition to Standard Precautions)
(If you have questions ask nursing staff)




Everyone Must:


 Clean hands when entering and leaving room

 Wear mask

Doctors and Staff Must:

Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely.

 Washington State Hospital Association

Washington Hospitals – Collaborating to Keep Our Patients Safe

Green
Patrons 332 C
Last revised 5/30/19

DURING AN OUTBREAK- INFECTION CONTROL MEASURES

- Increase environmental cleaning
 - Shared equipment and high touch areas
 - EPA registered disinfectant
 - Manufacturers' instructions
 - Including contact time

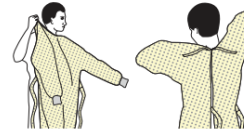
DURING AN OUTBREAK- INFECTION CONTROL MEASURES

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

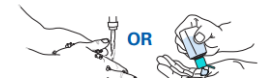


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



- Limit admissions
- Minimize staff movement
 - Cluster/cohort resident care
- Audit practices and provide ongoing education

WHEN IS AN OUTBREAK OVER?

- ✓ 7 days with no new onset of symptoms
- ✓ Outbreak is officially over on day 8

March

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2	3	4	5	6	7	1
9	10	11	12	13	14	8
16	17	18	19	20	21	15
23	24	25	26	27	28	22
30	31					29

AFTER AN OUTBREAK



GOOD NEWS!

AFTER AN OUTBREAK- COMMUNICATION

- ✓ Notify leadership, staff and residents
- ✓ Make sure illness and testing log is complete and accurate
- ✓ Work with Public Health to report outbreak summary
 - ✓ Total number ill and onset dates
 - ✓ Total number tested
 - ✓ Total number vaccinated
 - ✓ How many received treatment and/or prophylaxis
 - ✓ Total number of hospitalizations and deaths

AFTER AN OUTBREAK- OTHER CONSIDERATIONS



- ✓ Resume admissions and group activities with considerations for COVID
 - ✓ Remove notices and signs
 - ✓ Conduct a debrief/review with your team
 - ✓ Continue daily symptom screening
 - ✓ Continue cleaning of high touch areas
 - ✓ Encourage hand hygiene and respiratory etiquette
 - ✓ Restock supplies: PPE, cleaning supplies, testing
 - ✓ Update Influenza Action Plan if needed
-

RESOURCES

- CDC Interim Guidance for Influenza Outbreak Management in LTCF
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>
- WA DOH Long-Term Care Guidance
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>
- PHSKC Flu resources for LTCF
<https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/for-long-term-care-facilities.aspx>

RESOURCES

- CDC Weekly National Influenza Surveillance Report <https://www.cdc.gov/flu/weekly/>
- WA DOH Influenza Surveillance Data
<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData>
- PHSKC Weekly Flu Surveillance Reports
<https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/influenza.aspx>
- LTCF Q&A with DOH & Comagine – Thursday’s 11am-12pm
Register: https://us02web.zoom.us/webinar/register/WN_KuH3BbrXTFSh8tjqOjp31A



THANK YOU

Jen Morgan, RN, MSN, CIC

General Communicable Disease Program

Communicable Disease/Epidemiology and Immunization
Section

Public Health- Seattle & King County Prevention Division

jenmorgan@kingcounty.gov

MAILBOX QUESTION AND ANSWER



Aerosol Generating Procedures

- **Q:** Is an N95 only required for AGP's when the Community Transmission Level is High?
- **A:** An N95 is required for AGP's when the Community Transmission level is **High**
 - If Community Transmission is lower than high for two weeks (14 days) then an N95 is not required for the AGP

Community Transmission

- **Q:** To be under high Transmission threshold, I understand it must be 14 days. Can this be a week at moderate and a week at substantial or does it need to be 14 consistent days.
- **A:** Two weeks (14 days) below high Community Transmission includes Moderate and Substantial

Community Transmission

- **Q:** How do I check the Community Transmission for my county?
- **A:** Go to the CDC COVID Data Tracker: [CDC COVID Data Tracker: County View](#)
 - State or Territory: Select "Washington"
 - County or Metro Area: Select "applicable county"
 - Data Type: Select "Community Transmission"
 - Map Metric: "Community Transmission"

The COVID-19 Community Level and associated metrics presented on this site are updated weekly on **Thursday**. It is recommended to check this weekly.

Community Transmission

- **Q:** Do Assisted Living facilities need to continue to follow the community transmission levels?
- **A:** Yes, AL facilities still need to follow the Community Transmission Rates.

Eye Protection

- **Q:** If after two weeks (14 days) of Moderate or Substantial Community Transmission can we remove eye protection and go in to offer resident care with no eye protection?
- **A:** Yes, if after two weeks (14 days) your county is below High Community Transmission, and your facility has allowed your facility to remove eye protection during patient encounters then it is appropriate to offer resident care without eye protection

Eye Protection

- **Q:** Are goggles and face shields still required for Assistive Living and Adult Family Home Caregivers?
- **A:** Yes, eye protection is still required for AL and AFH caregivers during resident encounters when the Community Transmission Levels are High in your county.

Quarantine

- Q: For Skilled Nursing Facilities, do we still need to quarantine newly admitted residents that are not fully vaccinated for COVID?
- A: Newly admitted residents do not need to quarantine upon admission unless they are unable to be tested or wear source control (or symptomatic)
 - Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. In general, admissions in counties where [Community Transmission](#) levels are high should be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility
 - They should also be advised to wear source control for the 10 days following their admission. Residents who leave the facility for 24 hours or longer should generally be managed as an admission.

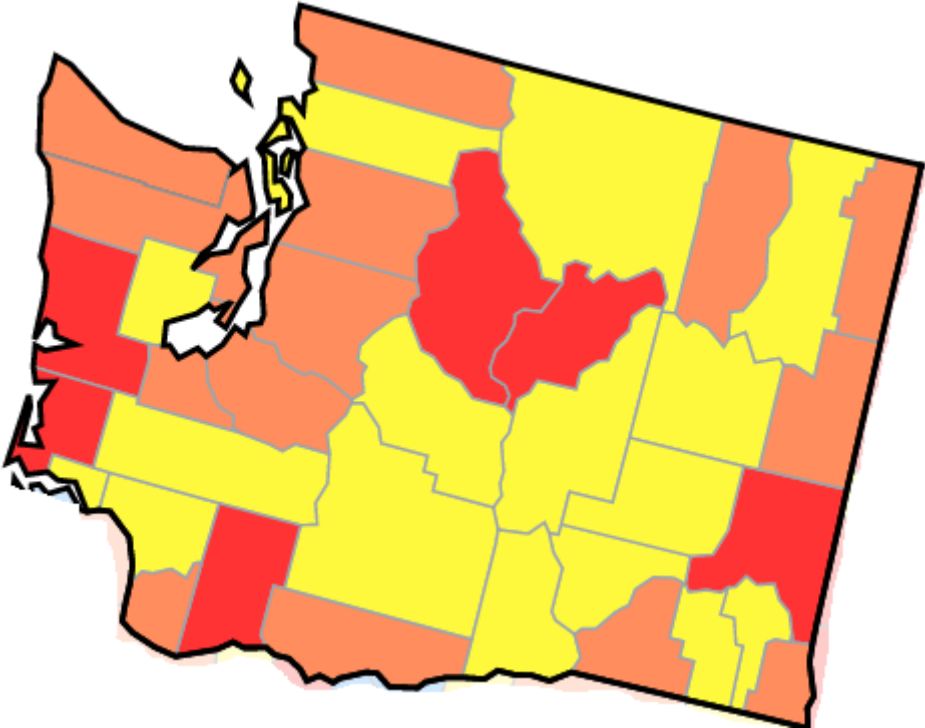
Screening Testing

- **Q:** Do we continue to routinely test the staff in a SNF based on the transmission levels of our county?
- **A:** Screening testing is no longer recommended based on community transmission levels for asymptomatic individuals
 - Screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility

Source Control

- **Q:** Does DOH still recommend universal source control for everyone in healthcare settings (patients, residents, HCW, etc.)
- **A:** Yes, CDC guidance does not affect the Secretary of Health Mask Order. The order currently requires universal masking in Healthcare, with few exceptions
 - Exceptions to face cover requirements can be found on page 3 of the Secretary of Health Order
 - [Secretary of Health Order 20-03 Statewide Face Coverings.pdf \(wa.gov\)](#)

Today's COVID-19 Community Transmission rates



Key ● High ● Substantial ● Moderate ● Low ● No Data

[CDC COVID Data Tracker: County View](#)

Q & A Section

Please type your questions into the question window and tell us what facility setting type you are from (e.g., ALF, SNF, AFH) and what county you are in.